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Type or printed name \_\_\_\_\_

Kenneeth I. Koch

Date September 10, 2010

Authorized Signature /Kenneeth I. Koch/

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

5. Change in Entity Status (from status indicated above)

overtime, to Deposit Account Number 1-1449 (enclose an extra copy of this form).  The Director is hereby authorized to charge the required fees(s), any deficiency, or credit any payment by credit card. Form PTO-2038 is attached.

A check is enclosed.  A check is enclosed.

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Please check the appropriate category or categories (will not be printed on the patent):  Individual  Corporation or other private entity  Government

Wayne State University

Detroit, MI

(A) NAME OF ASSIGNEE (CITY AND STATE OR COUNTRY)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording on a separate form 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list	3. The names of up to 3 registered patent attorneys or agents OR, alternately,	4. The name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents, if no name is listed, no name will be printed.	5. The address from PTO/SB/122 or more recent) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication Form PTO/SB/7, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
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CLOW, LORI A	1631	435-007100				
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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nonprovisional	YES	\$755	\$300	\$0	\$1055	09/09/2010
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